

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** DME Providers  
Pharmacists  
Home Health Agencies  
Prosthetic Providers  
Orthotic Providers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No.:** 02-94 MAA  
**Issued:** January 2, 2003

**For More Information, call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject:** **Deadline Extension for Prior Authorization Policy**

**Effective for dates of service on and after February 1, 2003**, the Medical Assistance Administration (MAA) will require providers to submit written requests for prior authorization to MAA on a HCFA-1500 claim form with the date of service left blank and a copy of the prescription attached.

## Reminder!

WAC 388-543-1100 (1)(d) stipulates that MAA covers DME and related supplies, prosthetics, orthotics, medical supplies, related services, repairs, and labor charges when all of the following apply. They must be:

...prescribed by a qualified **provider**, acting within the scope of the provider's practice. The prescription must state the specific item or service requested, diagnosis, prognosis, estimated length of need (weeks or months, not to exceed six months before being reevaluated), and quantity...

Numbered memoranda 02-80, 02-81, and 02-82 requested that all providers of the above supplies and equipment that submit written requests for prior authorization to MAA submit those requests on a HCFA-1500 claim form with the date of service left blank and a copy of the prescription attached.

MAA is extending the deadline for providers to follow this policy to February 1, 2003. At that time, **MAA will return all requests that do not have an appropriate prescription attached.**

To obtain MAA's Billing Instructions and/or Numbered Memorandums electronically, go to: <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).